

FILED NOV 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

34929

Registration District No. 377

Primary Registration District No. 3063

Registrar's No. 2540

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 30 Yrs. years, months or days)

3. (a) PRINT FULL NAME Roxie J. Weisenberger3. (b) If veteran,
name war None3. (c) Social Security No.
None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married,
divorced Widow
6. (b) Name of husband or wife Victor E. Weisenberger 6. (c) Age of husband or wife if
alive years
7. Birth date of deceased Feb. 22 1983
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>8</u>	<u>11</u>	hr. min.

9. Birthplace Fairfield Illinois
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business

12. Name Abraham Stroud13. Birthplace Illinois
(City, town, or county) (State or foreign country)14. Maiden name Mary Ann Reed15. Birthplace Illinois
(City, town, or county) (State or foreign country)16. (a) Informant Ruth Dumas(b) Address 2543 Endicott Ave17. (a) Burial (b) Date thereof 11/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mount Lebanon Cemetery(d) Signature of funeral director Colliers Funeral Home(b) Address 10123 St. Charles Rd19. (a) 11-8-48 (b) Carol A. Plafie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Overland (14) 13
(If outside city or town limits, write "RURAL")
(d) Street No. 2543 Endicott Ave. 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3
year 1948 hour 12 minute 10 A.M.21. I hereby certify that I attended the deceased from Nov.
1, 19 48 Nov. 3, 19 48
that I last saw her alive on Nov. 3, 19 48
and that death occurred on the date and hour stated above.Immediate cause of death Unlabeled
(material causes) (material causes)Due to 61

Due to

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)Major findings:
Of operationsOf autopsy Myoma of uterus

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -----

(b) Date of occurrence -----

(c) Where did injury occur? -----
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) -----

While at work? ----- (e) Means of injury -----

23. Signature J. A. Zolane (M. D. or other)Address 607 S. Brentwood Blvd. Date signed 11/3/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address. 10123 St. Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.